



Barnside Veterinary Services PC

Credit Card Authorization Form

Name: _____ **Date:** _____

Billing Address: _____

Phone Number: _____

Email Address: _____

Credit Card Information: VISA MasterCard Discover

Card Number: _____

SVC: _____ **Expiration Date:** _____

Authorized Signature: _____

Print Authorized Signature: _____

Payment Options:

- Charge the above listed credit card after every service visit or invoice.
(You will receive an emailed copy of the invoice as well as notification of the charge on the card.)
- Keep credit card on file for emergency purposes only. Normal payment will be given at time of service, and the above listed credit card will only be used if specified, or if a balance exists for any reason after 30 days.

By completing this form, you allow Barnside Veterinary Services PC to keep this information on file in a secure location, and charge the listed credit card for services rendered, as indicated above.